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Treatment.

With regard to treatment, no specific method has been devised, and the best that can be done is to put the patient to bed and provide him with good nursing; cold sponging is often beneficial during the pyrexial period and tends to diminish the delirium. In many instances transient or permanent relief, with diminution of stupor, followed the withdrawal of cerebrospinal fluid by lumarb puncture, especially when the fluid was under pressure. For the pain, numbness, and tingling of the limbs warmth is the best remedy, and the bedclothes should be raised on frames. Constipation is obstinate and often difficult to overcome, except by enemata, followed by such drugs as liquid paraffin or phenolphthalein. No hypnotics and no morphine or other preparation of opium should be given, and Dr. MacNalty deprecates the administration of hexamine in large and repeated doses; if it is prescribed the urine should be carefully watched for albumin. Daily cleansing of the mouth and antiseptic treatment of the nose and mouth should be carried out, and respiratory complications systematically looked for. Finally, the patient should be given to understand that his convalescence will last for at least six months after the beginning of the illness.

ESTIMATES OF POPULATION—1910-1917.

STATES, TERRITORIES, COUNTIES AND CITIES OF THE UNITED STATES.

A bulletin which is certain to be appreciated by public health officials is one just published by the Bureau of the Census, giving the estimates of population of the United States, the States and territories, counties, and the cities which had a population of 8,000 or more on April 15, 1910. It is true that the figures presented are not in any sense a census; nevertheless in the convenient form in which they are presented their compilation will be very useful. The bulletin also includes the results of the State enumeration made in 1915.

Health officers will find this publication valuable in making comparative studies of health conditions.

DEATHS DURING WEEK ENDED FEBRUARY 8, 1919, IN CITIES.

The following table shows the registered deaths from all causes and from pneumonia (all forms) and influenza combined, in certain large cities of the United States during the week ended February 8, 1919. The annual death rates per 1,000 population for the week and for the corresponding week of previous years are also shown.

The data are taken from the "Weekly Health Index," February 11, 1919, issued by the Bureau of the Census, Department of Commerce. The populations used in computing the rates are estimated by the Bureau of the Census as of July 1, 1918.

Registered deaths and annual death rates per 1,000 population in certain large cities of the United States, week ended Feb. 8, 1919—Deaths from all causes, and from pneumonia (all forms) and influenza combined.

City.	Population July 1, 1918, estimated.	Total deaths, all causes.	Annual death rate per 1,000.	Death rate for preceding years.[1]	Influenza and pneumonia (all forms).	
					Number of deaths.	Annual rate per 1,000.
Albany, N. Y	112,565	39	18.1	C 17.6	15	6.9
Atlanta, Ga	201,732	85	22.0	C 20.2		
Baltimore, Md	[2] 669,981	364	28.3	A 20.2	126	9.8
Birmingham, Ala	197,670	63	16.6	A 16.9	21	5.5
Boston, Mass	785,245	301	20.0	A 17.4	89	5.9
Buffalo, N. Y	473,229	201	22.1	C 20.5	75	8.3
Cambridge, Mass	111,432	50	23.4	C 22.9	10	4.7
Chicago, Ill	2,596,681	803	16.1	A 16.1	194	3.9
Cincinnati, Ohio	418,022	150	18.7	C 19.6	39	4.9
Cleveland, Ohio	810,306	249	16.0	C 13.0	100	6.4
Columbus, Ohio	225,296	60	13.9	C 15.0	11	2.5
Dayton, Ohio	130,655	42	16.8	C 21.6	8	3.2
Denver, Colo		97				
Fall River, Mass	128,392	45	18.3	C 14.2	17	6.9
Grand Rapids, Mich	135,450	28	10.8	C 15.4		
Indianapolis, Ind	289,577	112	20.2	C 17.1		
Jersey City, N. J	318,770	114	18.6	C 12.9		
Kansas City, Mo	313,785	115	19.1	C 20.3	40	6.6
Los Angeles, Cal	568,495	183	16.8	A 15.3	47	4.3
Louisville, Ky	242,707	93	20.0	C 26.0	19	4.1
Lowell, Mass	109,081	41	19.6	A 17.1		
Memphis, Tenn	154,759	101	34.0	C 25.3	60	20.2
Milwaukee, Wis	453,481	100	11.5	A 13.6		
Minneapolis, Minn	383,442	111	15.1	C 10.7		
Nashville, Tenn	119,215	56	24.5	C 21.0	15	6.6
Newark, N. J	428,684	147	17.9	C 15.4	45	5.5
New Haven, Conn	154,865	41	13.8	C 18.5	12	4.0
New Orleans, La	382,273	197	26.9	A 22.1	58	7.9
New York, N. Y	5,215,879	2,209	22.1	C 17.7	893	8.9
Oakland, Cal	214,206	63	15.3	A 12.9		
Omaha, Nebr	180,264	33	9.5	C 11.0		
Philadelphia, Pa	1,761,371	750	22.2	[3] 17.9	262	7.8
Pittsburgh, Pa	593,303	288	25.3	C 20.4	145	12.7
Portland, Oreg		62			15	
Providence, R. I	263,613	98	19.4	C 17.0	30	5.9
Richmond, Va	160,719	60	19.5	C 19.1	11	3.6
Rochester, N. Y	264,856	81	15.9	C 15.6	16	3.1
St. Louis, Mo	779,951	243	16.2	C 16.5	53	3.5
St. Paul, Minn	257,699	63	12.7	C 10.7		
San Francisco, Cal	478,530	147	16.0	C 14.6	41	4.5
Seattle, Wash		90			40	
Spokane, Wash		24				
Syracuse, N. Y	161,404	44	14.2	C 16.2	10	3.2
Toledo, Ohio	262,234	57	11.3	A 12.7	6	1.2
Washington, D. C	401,681	150	19.5	A 18.8	42	5.5
Worcester, Mass	173,650	76	22.8	C 17.1	21	6.3

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[1] "A" indicates that the rate given is the average annual death rate per 1,000 population for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates that the rate is the annual death rate per 1,000 population for the corresponding week of 1918.

[2] Population estimated as of July 1, 1919.

[3] Rate is based on statistics of 1915, 1916, and 1917.

FAVUS HERPETICUS OR MOUSE FAVUS IN MAN.

By R. E. Buchanan, Special Bacteriologist, Hygienic Laboratory, United States Public Health Service.

Mouse favus or *Favus herpeticus* in man has recently assumed some significance in the United States because of the possibility that those who handle imported Australian wheat, or are engaged in milling it, may become infected from the bags, dead mice, or possibly from the wheat itself. Men employed in resacking the grain and women engaged in mending the torn and gnawed bags have developed